



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 4, 2019

Mr. Peter Olson, Manager  
Vernon Assisted Living Residence  
13 Greenway Drive  
Vernon, VT 05354

Dear Mr. Olson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 15, 2019**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/15/2019
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NAME OF PROVIDER OR SUPPLIER  VERNON ASSISTED LIVING RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 13 GREENWAY DRIVE VERNON, VT 05354
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R100 Initial Comments:

R100

An unannounced on-site re-licensure survey was conducted by the Division of Licensing and Protection between 1/14 and 1/15/19. There were regulatory findings.

R179 V. RESIDENT CARE AND HOME SERVICES  
SS=D

R179

5.11 Staff Services

5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:

- (1) Resident rights;
- (2) Fire safety and emergency evacuation;
- (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;
- (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;
- (5) Respectful and effective interaction with residents;
- (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
- (7) General supervision and care of residents.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the

Please see attached  
Plan of Correction

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

284W11

If continuation sheet 1 of 3

R179 - R200 POC's accepted 2/4/19 BBORTICIA/PMU



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/15/2019
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R179	Continued From page 1  facility failed to ensure that five (5) of 5 employees reviewed had completed the required number of hours of training that included resident emergency response procedures, such as the Heimlich maneuver, accidents, and first aid. Findings include:  Review of the competency training for staff that was provided during the previous year, five employees had no evidence of receiving the training for first aid. During an interview with the registered nurse on 1/15/19 at 9:30 AM s/he confirmed that no training for first aid had been done with the staff for the previous year.	R179		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.15 Policies and Procedures  Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have written policies and procedures that pertain to irrigation of an indwelling catheter. Findings include:  Resident #1 has an indwelling catheter and frequently has blood clots. S/he is seen by a urologist as needed and has an order to irrigate the catheter, which is done by the Registered Nurses (RN) or Licensed Practical Nurses. The RN stated at 10:15 AM on 1/15/19, that there is no policy and procedure written for the facility to	R200		

Division of Licensing and Protection

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R200	Continued From page 2  follow regarding irrigating the catheter.	R200	

**DAIL Summary Statement of Deficiencies of 1.15.2019  
Provider's Plan of Correction**

This facility does not accept the assumed level of the "SS=D" citation as neither the State of Vermont's Residential Care Home or Assisted Living regulations from which the finding is cited contain language that defines or regulates the use of an alpha scoring system of "SS". The facility does request that the reference of "SS=D" be removed from this document as it is not based on Vermont Residential Care Home or Assisted Living regulations.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To continue to remain in compliance with state regulations, Vernon Hall Retirement Resident has taken or will take the actions set forth in this plan of correction.

**POC for R179 SS=D**

**5.11 Staff Services**

**5.11.b (3)** Vernon Hall Assisted Living Residence has instituted an on-line course of study in "Resident emergency response procedures such as Heimlich maneuver, accidents police or ambulance contact and first aid" via the Relias Care2Learn program effective by 2/1/19..

**POC for R200 SS=D**

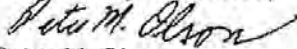
**5.15 Policies and Procedures**

**Irrigation of Catheter.** Vernon Hall Assisted Living Residence will have in place by 2/1/2019 the proper written Policy and Procedures for irrigation of an indwelling catheter.

The measures that will be put into place that will ensure compliance with the cited regulation will be the following:

1. The Vernon Hall Director of Nursing Staff (Service Coordinator), will monitor monthly the Resident Assistants' progress and completion of the on-line required course cited in 5.11.b (3).
2. The Facility Manager will audit the Director of Nursing Staff (Service Coordinator) Quarterly to ensure compliance.
3. The Quality Assurance Quarterly meetings will include a review of Vernon Hall's nursing staff's compliance with the cited non-compliance regulations in order to ensure the deficient practice does not recur.

Respectfully Submitted,



Peter M. Olson

Manager,

Vernon Hall Assisted Living Residence

13 Greenway Dr.

Vernon, VT 03431

1/31/19